

NOV. 18. 2005 4:46PM

866 741 0075

RECEIVED
CENTRAL FAX CENTER

NO. 4753 P. 3

NOV 18 2005

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 724917-000018 C3							
CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.89(a)) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop A-F, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at (571) 273-8300, on <u>November 18, 2005</u> . Signature: <u>Phoebe M. Jones</u> Name: <u>Phoebe M. Jones</u>		In re Application of Frederick BLECKMANN <table border="1"><tr><td>Application Number 10/816,043</td><td>Filed 04/02/2004</td></tr><tr><td colspan="2">For METHOD AND APPARATUS FOR PRODUCTION OF LABELS</td></tr><tr><td>Group Art Unit 1734</td><td>Examiner James D. SELLS</td></tr></table>		Application Number 10/816,043	Filed 04/02/2004	For METHOD AND APPARATUS FOR PRODUCTION OF LABELS		Group Art Unit 1734	Examiner James D. SELLS
Application Number 10/816,043	Filed 04/02/2004								
For METHOD AND APPARATUS FOR PRODUCTION OF LABELS									
Group Art Unit 1734	Examiner James D. SELLS								
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>250.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2380. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time for the third month under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p style="text-align: right;"><u>Jeffrey A. Lindeman</u> Signature <u>Jeffrey A. Lindeman, Reg. No. 34,658 for</u> <u>Corinne R. Gorski, Reg. No. 34,339</u> Typed or printed name <u>November 18, 2005</u> Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p>									

11/21/2005 HDEHES1 00000057 192380 10816043

01 FC:2401 250.00 DA

W689042.1

PAGE 3/5 * RCVD AT 11/18/2005 3:33:53 PM [Eastern Standard Time] * SVR:USPTO-EFXXF-6/29 * DNIS:2738300 * CSID:866 741 0075 * DURATION (mm-ss):01-36